MARYLAND STATE DEPARTMENT OF HEALTH

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1		02944	DIVISION OF	VITAL RECORDS,		STON STRI		TH E, MARYLAND 2120	)1	029	939	
and 2 deoth.	1.	DECEASED-NAME First (Type or print) A.3	rchie	Middle W.		Byrd	20.	DATE OF DEATH	20	<b>69</b>	76. HOUR	
director, page 3 should be detached for use as the buriol-tronsit permit. Then please regays, carbon pagers, Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours effect death.		Male Male	4. RACE White	Э	1	ay 26,		6. AGE (In years Just birthdoy)	YRS.	HS OAYS	HOURS MIN.	
72 hou	70	BIRTHPLACE (Stote or foreign unity) Crisfield	76. CITIZEN OF WH	IAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRI DIVORC		INTY OF DEATH	ner se	t	Md	
77	10	Crisfield	Mc (		pital		during most of Carpe	UPATION (Kind af work d working life, even if retir T <b>CET</b>	опе 12 ed.) IN	b. KIND OF E	BUSINESS OR	
19	13 ad	n. USUAL RESIDENCE (Where decease mission) STATE Maryland	13b. COUNTY	an: Residence befare	Crisfi		d. INSIDE CITY LIMITS?	36 W. Mai	R			
1	14	FATHER'S NAME First Jesse	Middle -	lost Byrd	15.	MOTHER'S MAIL	DEN NAME First  Jenn	Midd		Wa.	last rd	
	16	a. WAS DECEASED EVER IN U.S. ARA Yes, na, ar unknown) (19 yes grown NO NO	ent or dates of service)	214-18-43		ORMANT 1son B	yrd, Same	Addre e as 13. abo				
		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA Conditions, if any, which gove	D BY: NTE CAUSE (a) DUE TO, OR A	e for (o), (b), ond (c).  S A CONSEQUENCE OF	c.v.	Anse	ase	*		APPROXIM BETWEEN ON	NATE INTERVAL NSET AND DEATH	
		rise to immediate couse (o), stoting the underlying couse lost.  PART 2. OTHER SIGNIFICANT CON	DUE TO, OR A	S A CONSEQUENCE OF	OT RELATED TO 1	HE TERMINAL I	DISEASE OR CONDITI	ON GIVEN IN PART I(o)		,		
>	MEDICAL CERTIFICATION	RTIFICATION	19a. DATE OF OPERATION 19b.		CH OPERATION WAS PE	RFORMED	20a. AUTOPS	Y? NO 🗌	20b. IF YES, WERE FINDIN CAUSES OF DEATH?	IGS CONSIDI	ERED IN CE	RTIFYING
		OR CONTRIBUTING CAUSE OF DEAT	H HOUR A.M. ner) P.M.	Month Day Year	,			a of injury in Port 1 or Po	rt 2, Item î	18.)		
	×	While Nat while at wark of work		AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.				City or Town		unty	State	
	1	22a. I certify that (1) (the saw the deceased a causes stated obave	is hospital) atte live on (1) (we) did)(	nded the decease 20/69 1 did not) view the	ed fram 3 949, and 1 body after de	hat in (my) ath.	(our) apinion o	ta Fill 20 death accurred an th	19 <u>6</u> e dote ar	5 , that and hour o	(I) (we) last and from the	
		22b, SIGNATURE	. Payt	or W.	DEGREE		MED. DIRECTOR	STAFF PHYS	22c. DATE S	SIGNED 6	, 9	
-1				on, M.D.			g Crisfie	ld, Maryl	and			
	B			969 Asbury	Cemetery or co	ry	C	LOCATION (City or Tawn) risfield, So	omerse	e <b>t</b> M	(Stote)	
SA		FUNERAL DIRECTOR radshaw & Sons,	Crisfiel	ADDRESS Ld, Md.		2	Sa. PPBY 25GU	RAM969256. MEGISTI	AK'S SIGHT	TURE		

REFER PARSIT note the second of the second A Charles Annel SECRETARIA CONTRACTOR AND AND THE REPORT OF THE PARTY 

1	1		MAKTLAN DIVISION OF VITAL RECORDS,	D STATE DEPARTMENT OF		
		02945		CERTIFICATE OF DEATH		02940
deoth.		ECEASED-NAME First Type or print) E1s	Middle M	Clark	2a. DATE OF DEATH Fe Bonth 1809	6°9 6;55
Accorded within 24 hours after deoth of Completely filled in by the funeral emoye carbon papers. Pages 1 and 3 ony event, within 72 hours after death	3. 5	Female	4. RACE White	5. DATE OF BIRTH Aug. 11, 190	6. AGE (In years last birthday) YRS.	IF UNDER 1 YEAR M UNDER 24 HRS. MONTHS DAYS HOURS MIN
in by ers. Pe	7o.	BIRTHPLACE (State or foreign ntry) Crisfield	76. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARRIED NIVORCED DIVORCED	9. COUNTY OF DEATH Somer	set Md.
ond completely filled in by the Tuneral semoys carbon papers. Pages 1 and 2 in ony event, within 72 hours after death	ID.	city or town of DEATH	11. NAME OF HOSPITAL OR INS	Memorial 120. USI	UAL OCCUPATION (Kind of work done nost of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY None
event,	13o. odm	USUAL RESIDENCE (Where decease issian) STATE Md.	d lived, if institution: Residence befare	13c. CITY OR TOWN 13d. INSIDE CITY		•
ond in ony	14.	FATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN NAME		Lost
		Oscar	- Ennis		Lucy -	Lane
	160	WAS DECEASED EVER IN U.S. ARMI Yes, na, or unknown) (If yes give wa NO NO	ED FORCES? It or dates of service) 217–05–63		Address Cyler, Crisfield,	Md.
	NC	Conditions, if any, which gave rise ta immediate cause (a), stating the underlying couse last.  PART 2. OTHER SIGNIFICANT CONI	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  DITIONS CONTRIBUTING TO DEATH BUT NO		CONDITION GIVEN IN PART 1(a)	5 months
led with the State Dept. of Heolth prior to $ imes$	CERTIFICATION		ONDITION FOR WHICH OPERATION WAS PEI	YES NO		
	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical exomine	HOUR A.M. Month Doy Year P.M. 19		er nature af injury in Port 1 or Port 2, It	em 18.)
	W	While Not while at work		TORY.) 21f. LOCATION Street or R.F.D. N		County State
		22a. I certify that (I) (this saw the deceased alicouses stated above,	s hospitol) attended the deceose ive an <u>2/18/69</u> 1 (I) (we) (did) (did nat) view the l	d fram, 19_ 9, and that in (my) (aur) op oady after death.	, to, 19_ pinian death occurred on the data	, that (I) (we) last e and hour ond from the
A P		22b. SIGNATURE	Rouhna		MED. STAFF 22c. DI	ATE SIGNED
9		14. Coc	_//	A		
1		22d. PHYSICIAN'S NAME (Type) H.	C. Kaufman, M.I	22e. ADDRESS Cris	field, Md.	
Should be filed with the state bept.	I	NAME (Type) H.  BURIAL, CREMATION, 23b. D.		Cris.  Cemetery or (REMATORY  idge Cemetery	field, Md.  23d. LOCATION (City or Town)  Crisfield, Some:  BY REGISTRAR   25b. REGISTRAR'S S	(County) (State)

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16	1		02946	DIVISIO	N OF VITAL RECORDS,	301 W. PI				21201	029	41
deoth.	ond 2 death,		ECEASED-NAME First Type or print) W1	lson	Middle L.		Crocke		DATE OF DEATH For	18	Y609	26. HOUR 7:45
s offer	the fur	3. 5	Male	4. RACE	White		S. DATE OF BIR	тн <b>11,</b> 1886	6. AGE (In	yeors iday) YRS.	IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
4 hour	d in by sers. P 72 haur	70. (OU	BIRTHPLACE (State or foreign ntry) Virginia	76. OTIZEN	OF WHAT COUNTRY?	B. MARRIED [ WIDOWED ]	NEVER MARR	iro _	UNTY OF DEATH	omers	et	Md.
within 2	bon par within	10.	Crisfield		give street of HOSPITAL OR IN	dy Me	mo.	during most of Water	UPATION (Kind of w working life, even it <b>man</b>	ork done retired.)	126. KIND OF INDUSTRY Sea.f	BUSINESS OR
cuted	omplete tve corl	13o.	USUAL RESIDENCE (Where deceonission) STATE Maryland	sed lived, if	institution: Residence before UNTY Somerset	13c CITY OR Tyler		YES NO	13e. STREET AND N			
oe ex	d in only	14.	FATHER'S NAME First John	M	iddle Lost - Crockett	15	. MOTHER'S MAII	DEN NAME First Evely	n	Middle	Thoma	Lost
tificate	nhysikin n pleas vol, an	160	WAS DECEASED EVER IN U.S. AR	MED FORCES? yor or dates of ser One	16b. SOCIAL SECURITY I 228-03-84		nformant s. Will	Smith,	Same as 1	Address 3. at	ocde	
The low requires that the death certificate be executed within 24 hours after death	by the hospital or offending physician.  After this certificate hos been signed by the ottending physican and completely filled in by the funeral be detached for use os the burial-tronsit permit. Then please-vertave carbon papers. Pages I and 2 State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.		IB. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIAL Conditions, if ony, which gove tise to immediate couse (o), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT CO	D BY: ATE CAUSE (o DUE 10 (1) DUE 10	O) OR AS A CONSEQUENCE OF	H; k	THE TERMINAL	DISEASE OR CONDITI	ON GIVEN IN PART I	(0)	APPROXIM BETWEEN ON	TATE INTERVAL
The low re	offending physician, hos been signed by ise os the burial-troi ith prior to burial, cre	CERTIFICATION	190. DATE OF OPERATION 198	CONDITION F	ardial is	e far	200. AUTOPS YES	NO 🗆	20b. IF YES, WERE CAUSES OF DEATH?	FINDINGS (	4	RTIFYING
SICIAN:	the hospital or this certificate detached for u e Dept. of Heal	MEDICAL CE	210. ACCIDENT WAS UNDERLY!  or contributing cause of DEA  (If either, notify medical exami	TH HOUF ner)	TIME OF INJURY R A.M. Month Doy Year P.M. 15				e of injury in Port 1	or Port 2,		
	Page 4 may be retained by the haspital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Health	N	While Not while 22a. I certify that (I) (Not saw the deceased accuses stated abay	is hospite live on_ e,(I) (we)	OFFICE BUILDING, ETC.	d from_2	that in (my)		ta_2/3 death accurred o	3, 19. in the do	County  (69), that te and have a	(I) (we) last and fram the
8	Page 4 may be reformed  O FUNERAL DIRECTOR: A director, page 3 should should be filed with the		22b. SIGNATURE  22d. PHYSICIAN'S NAME (Type) C. G	Raw	cley, M.D.	DEGR	4 44155	MED. DIRECTO  CISSISSI OLI  MED. DIRECTO		224. [	DATE SIGNED	
TO HO	roge direct shau	B	REMOVAL (Specify) Fe	DATE b. 20			emetery	7 0	LOCATION (City of I	Some		
	VR A15 (1)		funeral director cadshaw & Sons	Cris	field, Md.			DATE PER S	4 1963 25b. P	KEISTBARK	State man	92

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thoe	erol ond leath		tone or died	nice		hett	Feb.	29 69	2b. HOUR
- L	e - É	3. 5		4. RACE	S. DATE OF		6. AGE (In year		IF UNDER 24 HRS.
of the	s offi		Female	Negro		0,26,19	last birthday)	YRS. MONTHS DAYS	HOURS MIN
D P	or by	7o. cau	BIRTHPLACE (State or foreign atry)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MA		SOME CS	=+	
within	completely filled in by the funeral over corbon popers. Fages 1 and 2 y event, within 72 hours after death.		TTY OR TOWN OF DEATH Crisfield	give street McCrea	STITUTION (If not in hospital dy Memo.	12a. USUAL OC	CUPATION (Kind of wark warking life, even if reti		BUSINESS OR
ferried	completion to the column of th	odm	issian) STATE Md	d lived, if institution: Residence before 13b. COUNTY SomerseT	CrisFIELd	13d. INSIDE CITY LIMITS? YES NO PARTIES	13e. STREET, AND NUMB	0x 219	B
( ex	on ond see fem	L	ATHER'S NAME CHAY!	ES Johnson	H	ATTIES	JACKSON		Last
	physkion en pleose oval, and ii		WAS DECEASED EVER IN U.S. ARM es, no, ar unknown) (If yes give we	ED FORCES? It or dates of service)  16b. SOCIAL SECURITY  2.75 - 14 - 3		Fitch	ETT Cris	FIELD "	md.
OR ATTENDING PHYSICIAN: The law requires that the death certificate he executed within 24 hours after death	Page 4 may be retoined by the hospital or ottending physician.  J. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete director, page 3 should be detached for use as the burial-transit permit. Then please Temove cort should be filed with the State Dept. of Health priar to burial, crematian, or removal, and in any event,		PART I. DEATH WAS CAUSED	TE CAUSE (a)	mounti	l-		APPROXIM BETWEEN OF	HATE INTERVAL HISET AND DEATH
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duires	physicia signed to surial-tr		last.	(c) Could	Varaula OT RELATED TO THE TERMIN	AL DISEASE OR CONDIT	ION GIVEN IN PART 1(g)	3 dy	·
gw re	been s the k iar to b	TION		ONDITION FOR WHICH OPERATION WAS P			20b. IF YES, WERE FINDI	MGS CONSIDERED IN CE	PTIEVING
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SICIAN	he hospitol or attending this certificate has been letached for use as the 8 Dept. of Health priar to	KDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Day Year P.M.	9		re of injury in Part 1 or Pa	orf 2, Ifem 18.)	
G PHY	the ho this of detoch e Dept	~	While Not while at wark		CTORY.) 21f. LOCATION Stre	eet or R.F.D. Na.	City or Tawn	County	State
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OR A	be reto DIRECT ge 3 sh ded with		22b. SIGNATURE	Band	DEGREE PHYS.	ING MED.	R STAFF	22c. DATE SIGNED	9
SPITAL	4 may NERAL for, por Id be fil		22d. PHYSICIAN'S NAME (Type) A.	N. Barr, M D.	22e. AD	ORESS Cri	sfield, Mo	i. //	
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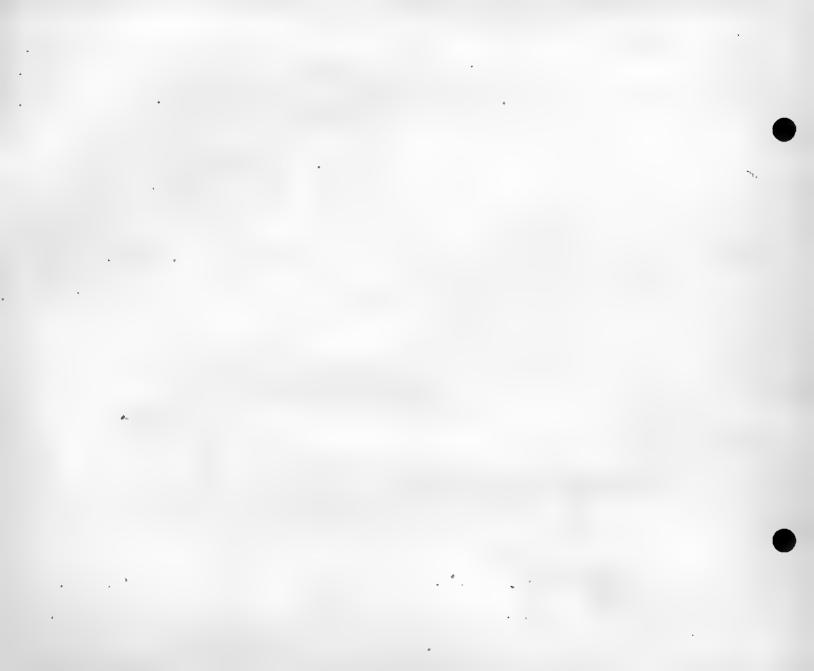
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	fter e fu ss i	3 SI		4 RACE	* ** . * . !	S. DATE OF		6	AGE (In years Last birthday)	IF UNDER YEAR MONTHS DAYS	IF UNDER 24 HRS
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	haurs after by the fur s Pages 1 shours after	7a	RTHPLACE (State or forego	76 CITIZEN	OF WHAT COUNTRY?	8. MARRIED   NEVER M.	ARRIED 9 CC	DUNTY OF D			
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	ed v	130	USUAL RESIDENCE (Where of	deceased ived, if	institution Residence before	13c CITY OR TOWN	3d INSIDE CITY & MITS?	13e. STREI	ET AND NUMBER	-	-
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	exe any	14. 1	ATHER'S NAME First	Mi	ddle Lost	IS. MOTHER S	MAIDEN NAME First		Middle		Lost
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	The The The		18. CAUSE OF DEATH (En	ter only one couse	per line for (a), (b), and (c)	1 11	kan tra	tla		APPROX	MATE INTERVA. DNSET AND DEATH
	( 등1 등) 는 은		PART I. DEATH WAS (	AUSED BY:	per line for (o), (b), and (c)	07				BEINGEN	HIANU UNA ISCH
			1621		O, OR AS A CONSEQUENCE OF	- Free -					
	the of the other		Conditions, if ony, which i	Idve )		,	V				
	y th		rise ta immediate couse		D, OR AS A CONSEQUENCE OF						
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	hysi mysi mria		PART 2 OTHER SIGNIFICAN	IT CONDITIONS CO	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	JAI DISEASE OP OOLDII	TIOM GIVEN II	L DAPT 3/o1		
	ATENDING PHYSICIAN: The law requires that the etained by the haspital ar attending physician.  CTOR: After this certificate has been signed by the a should be detached far use as the berial-transit perith the State Dept. af Health priar ta burial, crematian		THAT I STITLE STORM TOPAGE	T CONDITIONS CO			LLO-CI-C	TION OFFER I	it PART ((0)		
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	bing PHYSICIAN: The law ruby the haspital ar attending lifer this certificate has been be detached for use as the State Dept. af Health priar ta	ER .	21a ACCIDENT WAS UNDE	RLYING 216 T	IME OF INJURY	_	ICCURRED (Enter natu	re of initing i	n Part Lar Part	2 Itan 19 \	
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	VR AIS		FUNERAL DIRECTOR		ADDRESS		250 REC D BY REG	GISTRAR	2Sb REGISTRA		
	45M - 116	Br	adshaw & S	Sons, C	risfield,	Md	版B 17	1969	gr / John	ala leeda	



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 12941 HEALTH DEPT. 1 DECEASED NAME First Middle Last 20 DATE KNOWN Month (Type or Print) ESTI-BEATRICE EMMALINE LANKFORD Feb. DEATH MATED 3 SEX 4 RACE S DATE OF BIRTH 6 AGE (in years F JNDER 1 YEAR DE JENDER 24 HRS 2t. DATE PRONOUNCED DEAD gug Month Fab. Doy 2 Oct. 30, 1907 Female White and 2 with the State Depart To BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED KINEVER MARRIED 9. COUNTY OF DEATH Office along with farm country) Maryland USA WIDOWED [ Somerset DIVORCED [ 24 hours after death in Item 18. Give Pages 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in bospito 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) 18 during most of warrang life, even if refired) None Potomac St. Crisfield .30 USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 136 COUNTY Brevard Titusville Titusville Trailer Court YES THE NO dier 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME M+ddle Lost First Lost Lillie Ward Johnson Evans 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT within pencil **ADDRESS** (Yes, no, or unknown) 263-62-3327 John Lankford, Same as .13 abcde Fire Ë within APPROXIMATE INTERVA be executed 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) permit BETWEEN ONSET AND DEATH penaing, PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Myocardial infarction DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony/which gave rise to immediate couse (a), please exempte the certificate, writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse Ξ. PART 2 OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(a) remaval, nsed 190. DATE OF OPERATION 19b COND T.ON FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🗀 NO ě Ы 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. burial, cremation, **EXAMINER:** CAUSE OF DEATH 21d INJURY OCCURRED 2.e. P.ACE OF INJURY (At home, form, street, 2.f LOCATION Street or 8 F.D. No. City or Town County Stote foctory, office building, etc.) FUNERAL DIRECTOR: Page WHILE NOT WHILE AT WORK 22a 1 certify that I taak charge of the remains described above, held an Autopsy 17th Inspection X Inquiry and in my apinian the funeral director. death resulted from Notural couses X. Accident ... Spicide . Homicide . Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 226 DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 2/4/69 DEPLTY MEDICAL EXAMINER **EXAMINER'S** Health C. G. Rawley, M. D. ADDRESS(Street, city town, or county) Crisfield. Md. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23o BURIAL CREMATION 23b. DATE 23d LOCAT ON (City or Town) (County) Burial (Specify) 1969 Sunnyridge Cemetery Crisfield, Somerset, Md. 24. FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE my .. . . Ouder VR A15ME (5) Bradshaw & Sons, Crisfield, Md. 21817

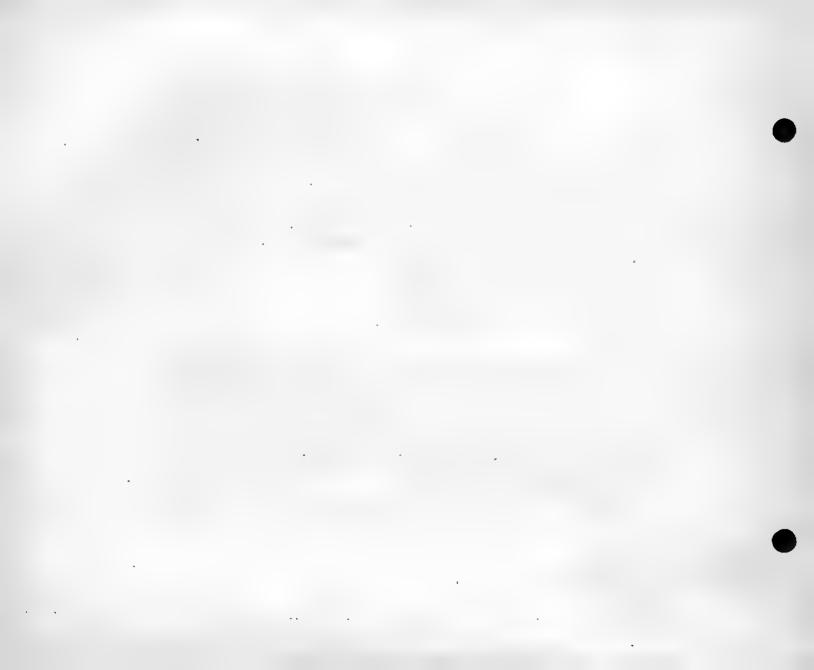
MARYLAND STATE DEPARTMENT OF HEALTH



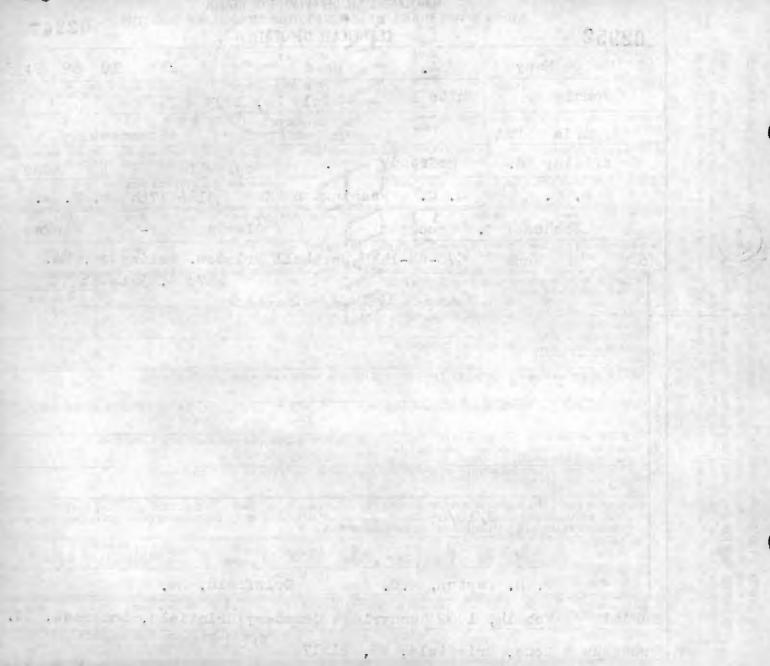
MAKYLAND STATE DEPARTMENT OF HEALTH



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FOR STATE		02951 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	02946
HEALTH DEPT.	1 0	OFFESSED NAME - First Middle Inst 20 DATE MINIMARY Hoosts	Doy Year 2b HOUR
s 0 8. 40 /	(	Type or Print) CARTENCE WATERS DEATH MATED 2	19697.50 M
delay a	3 5	EX 4 RACE 5 DATE OF BIRTH 7 886 6 AGE (In yours   IF UNDER 1 YEAR   F UNDER 24 HRS. 2c DATE PRONOUNCED DEAD	2d fidur
		M Magro 19145. 71,1887 82 yrs	Year 19692PM
To a land		BIRTHPLACE (State or fore gri / 76 CITIZEN OF WHAT COUNTRY?   8. MARRIED THEVER MARRIED 9. COUNTY OF DEATH	4
fare frame		U.S.M.J. U.S WIDOWED DIVORCED SOMETSET C	ounty Md.
Pag Affi Affi Sta	10.	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital USJAL OCCUPATION (Kind of work done 1) give street oddress) 120 USJAL OCCUPATION (Kind of work done 1) 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital during most of working life, even if retired ) 11	2b KIND OF BUSINESS OR
haurs after death ttem 18. Give Pages 1, Office along with farm and 2 with the State De	10	during most of working life, even if retired.) If	STAFOUL
ofte of the search	130	LSVAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN) 3.3d. WISIDE CITY LIMITS? 13e. STREET AND NUMBER diminission) STATE 13b COUNTY SIMPLES TURBER 13b COUNTY SIMPLES TURBER 15c CITY OR TOWN 15c CITY LIMITS?	
haurs of them 18.	_	FATHER'S NAME First , Middle Lost , IS MOTHER'S MAIDEN NAME First , Middle	Lost
	17.	MADUEL MATER MARY STHE	F021
hun 24 nclin 1 miner's mages haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT , ADDRESS	
be executed within 24 "pending" in pencl in nief Medical Examiner's musit permit. File pages event within 72 haurs	(	Yes, no, or ynknown) (11 yes give war or dones of service) GETTT-UDE L. WATETS	
be executed with performing on performing the performance of the performance		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
ocute dica with		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Asphyxiation	minutes
be executi "periding" iief Medico iiesit Eermi		DUE TO, OR AS A CONSEQUENCE OF	minutes
be hief		(b) House burning down	minuces
should be en ward "pen to the Chief I burial-tromsit		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
he v he t ta t ta t d in		lost. (c)	
ICAL EXAMINER: This certificate should be executed within 24 execute the certificate, writing the ward "periding" in pencl in far. Page 4 should be farwarded to the Chief Medical Examiner's ed for your files.  CTOR: Page 3 should The Tead as a build-transit The Teamit. File The Teams burial, cremation, ar remaval, and in any event within 72 hours		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM.NAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
certif writing arwar ased maval	NOT.	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
This concepts to the second se	CERTIFICATION	WAS PERFORMED?	YES NO K
FER: This certificate, and be faren. Es.  Should be faren. Es.  Should Ille in the faren. Est.	1 CER	210. EXTERNAL CAUSE WAS 2 6. TIME OF INJURY Month, Day, Year 2.c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item PRIMARY DR CONTRIBUTING 1	1 lB)
INER: 1 e certific shauld k files. 3 should atian, a	MEDICAL	CAUSE OF DEATH 7: TWALT 2-19-69 House Durined down	
	25	21d INJURY OCCURRED  21e PLACE OF INJURY (At home, form, street  WHEE NOT WHILE AT WORK AT WOR	County Stote
DEPUTY SICAL EXAM ressory, Flease execute the e funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page			
FCAL E exect tar. Pa ed for CTOR:		220   certify that I took charge of the remoins described obove, held an Autopsy, Inspection, Inquiry, death resulted from Notural couses, Accident Suicide, Homicide Undetermined monner	_ , 1
l director retained DIRECT			_
TY y, aleasi rral director be retain tAL DIRE		ACTUAL SIGNATURE  CHIEF MEDICAL EXAMINER  22b. DATE SI	GNED
ory, nerg be be Pr		SIGNATURE  EXAMINER'S  DEPUTY MEDICAL EXAMINER   2-19-	.69
TO DEPUTY  necessory, the funeral  5 may be in  10 FUNERAL  Health pri		NAME (Type) Everett SutterMD ADDRESS(Street, city, town, or county)	
5 a # ~ 5 m	230	DESTRUCTION AND A SECOND ASSESSMENT OF A SECOND ASSESSMENT ASSESSM	County) (State)
	24	FUNDA DIRECTORY 250 REGISTRAR 250 REGISTRAR 250 REGISTRAR 5 SI	CNIAT .DS
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MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02947 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle lost death. 2a. DATE OF DEATH 2b. HOUR xecuted within 24 hours after death. (Type or print) Mary Month A. Weed 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER I YEAR Female. White lest birthday) July 14. 1893 7o. BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Virginia USA WIDOWED T Somerset DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Crisfield. Md. during most of working life, even if retired.) give strely edgrady Memo. 13o. USUAL RESIDENCE (Where deceased liyed, if institution: Residence before | 13c. CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e, STREET AND NUMBER JYSb. COUNTY D. C. Washington YES NO 3166 17th St. N. W. and in any 4. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Last Joshua Crockett Olevia OR ATTENDING PHYSICIAN: The low requires that the death certificate be be retained by the haspital or attending physician. Parks 166. SOCIAL SECURITY NO. 17. INFORMANT Address Address Marshall Bristow, Arlington, Va. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Nes, no, or unknown) (If yes give war or dates of service) buriol, cremation, or removal, 4678 S. 34th 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: Cartin Vasquelas Degad IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove ) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse( PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) FO FUNERAL DIRECTOR: After this certificate has been 19g. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗔 NO | 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216. TIME OF INJURY jo OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) HOUR A.M. Month Doy Year 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While Not while at work 22a. I certify that (1) (this hospital) attended the deceased fram 121. 1 , 1969, ta 12. 10 , 1969, that (1) (we) last saw the deceased alive on 2/10/69 19 \_\_\_, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated abave, (I) (we) (did) (did not) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING PHYS: 2/11/69 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Drisfield, Md. S. M. Peyton, M.D. 1969 Sunnyridge Cemetery Crisfield, Somerset, Md. 236. DATE 230. BURIAL CREMATION. B PEMOVAL (pecify) Feb 14. 250. RECEINTAR 19 CED. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS Bradshaw & Sons, Crisfield, Md. 21817



	tem5 FilmGhlo	MARTLAND ST OF VITAL RECORDS, 301 V	ALE DEPAKIMENT	UF HEALIH	AND 21201	•
R STATE _	8/11/69 kk DIVISION	MEDICAL EXAMI	VER'S CERTIFICA	TE OF DEATH	JANU 21201	02948
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3. To look of the control of the con	(Type or Print)	Marion	Wri	ght	OF ESTI- 2	16 69 1 3 HOUR
.3.	SEX 4. RACE	S. DATE OF BIRTH1925	AGE (In years   IF UNDER 1 YE	AR IF UNDER 24 HRS	2c, DATE PRONOUNCED DEAD	2d. HOUR
	M C	4/7/1/945	43 YRS.		Mogth 1894	Year 19 69 7Am
		76. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER		onerset	
10	Maryland City or Town OF DEATH	U.S.A.	WIDOWED   R INSTITUTION (If not in hose		CUPATION (Kind of work done	Md 12b, KIND OF BUSINESS OR
10.	Eden	give street address) #1		during most o	f working life, even if refired.)	INDUSTRY
13	o. USUAL RESIDENCE (Where decease	ed lived, if institution: Residence be		13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	110110
	omain'y Alind	13b. 98 Merset	Eden	YES NO X	R.F.D.#1,	
14.	. FATHER'S NAME First	·		MAIDEN NAME First	Middle	Lost
L	Neah	Wrig		eatrice		rnish
	o. WAS DECEASED EVER IN U.S. ARMED I (Yes, no, or unknown) (If yes give	ORCES? 16b. SOCIAL SECUR		Wast had	ADDRESS	2 1
=	No			Wright	Eden, Mary	Land APPROXIMATE INTERVAL
	IB. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED	y one couse per line for (o), (b), and BY:	(c).)	-0.13		BETWEEN ONSET AND DEATH
	90 EV IMMEDIA	TE CAUSE (o) GUT	SHOL WOUNG	or nead		seconds
	Conditions, if any, which gave		i. Of			
	rise to immediate couse (o), stoting the underlying couse (	DUE TO, OR AS A CONSEQUENC	E OF			
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	PART 2. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE OR CONDITIO	ON GIVEN IN PART 1(0)	
E OH	190. DATE OF OPERATION	19b. CONDITION F	OR WHICH OPERATION			20. AUTOPSY?
CERTIFICATION		WAS PERFOR	MED?			YES NO P
CERI	210. EXTERNAL CAUSE WAS	216. TIME OF INJURY MONTH DOY HOUR A.M. 1 30A	Year 21c. HOW INJUR	Y OCCURRED (Enter notu	te of injury in Port 1 or Port 2,	
MEDICAL	PRIMARY OR CONTRIBUTING CAUSE OF DEATH	PLACE OF INJURY (At home, form, street	Snoe 1		r nead by or	other.
A.		PLACE OF INJURY (At home, form, streetory, office building, etc.)			City or Town	County Stote
		at nome		#1 Eden		
		aak charge of the remains des			spection 🛣 Inquiry	
	death resulted from:	Natural causes Acci	dent			
	ACTUAL / 120	rost lin	tomo-	CHIEF MEDICAL EXAMIN		E SIGNED
	SIGNATURE 6	July Hill	T M.D.	ASSISTANT MEDICAL EXAMI		
	EXAMINER'S Everet	t SutterMD		ADDRESS(Street, city, to		erset
23	30. BURIAL, CREMATION, 23b.	DATE 23c. NAME	OF CEMETERY OR CREMATOR	Y 23d	LOCATION (City or Town)	(County) (Stote)
	REMOVAL (Specify) Burial 2		n Cametary		en Semers	
2	4. FUNERAL DIRECTOR	RL 1 A	DDRESS /	DATE AREC'D BY RE	GISTRAR 25b. REGISTRAR"	
	Cherton Of	XILLUM	salut The	DATE	1000 1	Cas years

